Commonwealth of Kentucky

DEPARTMENT OF EDUCATION

Bureau of Finance

STANDARD INVOICE

(This invoice should be sent directly to the local Board of Education for payment. **Do not send to State Office.**)

Date	
Vendor #	
Project	
Project #	

LaRue	e County	Board of Education,	P.O. Box 39, Hodgenville	, Kentucky
Name of Vendor				
Address				
Address -				
-				
-				
to law. A properly prep	oared invoice sh	ut in required form and filed with the Bo ows exact kind of service, where, when his authorized representative.)		
		-		Purchase
Invoice No.	Amount	Items (furnished) or Work (done	e) Code No.	Order No.

TOTAL		FUND:		
VENDOR'S CERTIFICATION				7
I hereby certify that named board of educ				
Signed				
Approved for payme	nt by Principal			

Approved for payment by Program Director_____